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## Blackleg in Sheep.

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# CLINICAL MEDICINE

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**Blackleg in Sheep.** Dr. M. S. Thorpe, of Canby, Minn., performed an autopsy on a ewe that had been dead for 14 hours, and a lamb that had died a few minutes previously.

Examination of the carcasses revealed that the hind quarters in both animals were greatly swollen. The skin on the medial sides of the hind legs was a dark purple. Upon palpation, crepitation of the swollen area indicated the presence of gas in the subcutis. In both animals the area of crepitant swelling extended bilaterally from the hock joint to, and involving, the postero-ventral abdominal wall medially, to the base of the tail posteriorly, and up to a line from the base of the tail to the fold of the flank. Incision of the swollen limbs disclosed a dark, dry musculature with gas bubbles throughout the swollen tissue. Subsequent examination of the remainder of the carcasses revealed no other outstanding pathological processes, although the entire digestive tracts were distended by gas.

When asked if there had been any previous cases of blackleg on the premises, the owner replied in the negative. This information made the possibility of the disease process being blackleg less likely. However, every indication pointed to that infection and the cause of the death of the ewe and lamb was ascribed as very likely being blackleg.

As a prophylactic measure, the remainder of the flock were treated with blackleg aggressin. The fact that there were no further losses in the flock seems to indicate that the diagnosis had been correct.

—L. T. Christensen, '42

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**A Little of the Unusual.** Two years ago this spring a rather unusual thing occurred involving three thoroughbred mares. These three mares were owned by an Indiana man and were boarded in this locality near Lexington, Ky., to be bred and foal on one particular horse farm. All three were maidens, that is, carrying their first foals, and all fairly good individuals.

The first of the three to foal did so in the early spring and had a normal colt, but in the act of parturition the area between the dorsal commissure of the vulva and the anus was torn. Local anesthetic was injected into the torn tissue. The wound edges were drawn together with interrupted sutures, after which several tension sutures were inserted. Silk-worm gut sutures were used. These sutures were allowed to remain in the wound for two